

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: LYOPHILIZABLE AND ENHANCED
COMPACTED NUCLEIC ACIDS

Attorney Docket Number:: 003659.00029

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 24

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Mark
Middle Name:: J.
Family Name:: Cooper
Name Suffix::
City of Residence:: Moreland Hills
State or Province of Residence:: OH
Country of Residence::
Street of mailing address:: 8 Cableknoll Lane
City of mailing address:: Moreland Hills
State or Province of mailing address:: OH
Country of mailing address::
Postal or Zip Code of mailing address:: 44022

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Murali
Middle Name:: K.
Family Name:: Pasumarthy
Name Suffix::
City of Residence:: Twinsburg
State or Province of Residence:: OH
Country of Residence::
Street of mailing address:: 10085 Andover
City of mailing address:: Twinsburg

State or Province of mailing address:: OH
Country of mailing address::
Postal or Zip Code of mailing address:: 44087

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Tomasz
Middle Name:: H.
Family Name:: Kowalczyk
Name Suffix::
City of Residence:: University Heights
State or Province of Residence:: OH
Country of Residence::
Street of mailing address:: 2437 Eaton Road
City of mailing address:: University Heights
State or Province of mailing address:: OH
Country of mailing address::
Postal or Zip Code of mailing address:: 44118

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Maureen
Middle Name::
Family Name:: Costello
Name Suffix::
City of Residence:: Beachwood
State or Province of Residence:: OH
Country of Residence::

Street of mailing address:: 26945 Amhearst Circle, #104
City of mailing address:: Beachwood
State or Province of mailing address:: OH
Country of mailing address::
Postal or Zip Code of mailing address:: 44122-7567

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/867,693	05/31/01
09/867,693	Non-Provisional of	60/287,419	05/01/01
09/867,693	Non-Provisional of	60/207,949	05/31/00

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: Copernicus Therapeutics, Inc.
Street of mailing address:: 11000 Cedar Avenue, Suite 145
City of mailing address:: Cleveland
State or Province of mailing address:: OH

Country of mailing address::

Postal or Zip Code of mailing address:: 44106